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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/725324
		Filing Date	12/1/03
		First Named Inventor	Son
		Group Art Unit	1654
		Examiner Name	To Be Assigned
Total Number of Pages in This Submission		Attorney Docket Number	A36093 073226.0121

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	 Combined Declaration and Power of Attorney, copy of Notice to File Missing Parts
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112
Signature	<i>Rochelle K. Seide</i> At Name: Rochelle K. Seide PTO Reg: 32,300
Date	4/9/04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: 4/9/04

Typed or printed name	Rochelle K. Seide
Signature	<i>Rochelle K. Seide</i>
	Date 4/9/04

BAKER BOTTS LLP

Attorney Docket Number: A36093 073226.0121

Title: COMPOSITION FOR WEIGHT REDUCTION COMPRISING WATER-SOLUBLE
LOW-MOLECULAR WEIGHT CHITOSAN AND HIBISCUS EXTRACT

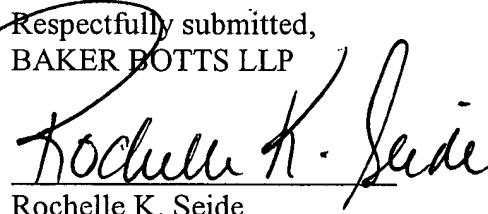
Use Space Below for Additional Information:

APR 12 2004

Applicants submit herewith a Combined Declaration and Power of Attorney in compliance with 37 C.F.R. § 1.63. A copy of the Notice to File Missing Parts of Nonprovisional Application is also enclosed.

Applicants also enclose the fee required for late filing of a Declaration pursuant to 37 C.F.R. § 1.16(e). If any additional fee is due, or if any overpayment has been made, in connection with the filing of this response, the Commissioner is authorized to charge any such fee or credit any overpayment, to our Deposit Account No. 02-4377. A duplicate copy of this paper is enclosed.

Respectfully submitted,
BAKER BOTTS LLP


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